



VSU CARES COMMUNITY PARTNERSHIP HEALTH FAIR
VSU Cares Volunteer Registration Form for those 18 years of age or older



Date(s): Friday and Saturday June 8 – 9, 2012

Location: Virginia State University Campus in Petersburg, Virginia Country: USA Event #001

NAME: PHONE: (home):

ADDRESS: PHONE: (cell)

EMAIL:

PROFESSION: MAJOR: (students only)

JOB ASSIGNMENT (CIRCLE ONE):

Medical Job Assignments:

Medical: MD DO FNP Triage: RN LPN EM Other:
Pharmacy: Pharmacist (register online electronically) Certified Pharmacy Tech Other:
Vision: Ophthalmologist Optician Optometrist Optical Tech Support Other:
Dental: **All dental volunteers must register online only (electronically), www.vdaf.org.

Non Medical Job Assignments:

Patient Registration Volunteer Registration Patient Escort Security Grounds Parking Food Service Other

Follow-up

DATES/SHIFT FOR WHICH YOU ARE VOLUNTEERING (Preference is given to volunteers who can work all day) Circle all that apply:

Friday, June 8th, Volunteer Orientation – 10:00 a.m – 12:00 noon. Yes
Friday, June 8th Patient Registration beginning at 2:00 pm Yes

Friday June 8: 12 noon – 6 pm Saturday June 9: 6 am – 12 noon & or 12 noon – 6 pm Sunday June 10: 6 am – 12 noon Clean-up Crew: noon – 2:00 pm

Volunteers are needed many days prior to VSU Cares to mow grass, spruce up the campus, and set-up for the event. Volunteers to assist with parking are needed early each morning of the event. Security personnel are needed throughout the event. General volunteers are needed Thursday afternoon, Sunday afternoon, and Monday following VSU Cares as well. Volunteers will also be needed during the following week to help with patient counts, verifying records, etc. If you are interested in any of the duties mentioned above, please indicate dates, times, and duties for which you are volunteering on the line below:

Compliance Statement

I hereby attest that my license/certification is not restricted, suspended or revoked nor is any such action pending, pursuant to disciplinary proceedings in any jurisdiction. A COPY OF MY CURRENT STATE LICENSE OR CERTIFICATE AND DEA# (where applicable) IS ATTACHED HERETO. If functioning as a Nurse Practitioner or Physician's Assistant at VSU Cares, the supervising physician of record must also be present.

Confidentiality Statement

I understand that while I am participating as a registered volunteer at the VSU Cares Community Partnership Health Care Fair, it is mandatory that I maintain complete privacy and confidentiality of all patients. This pertains to all present and future digital, written, and verbal communications referring to any VSU Cares patient. I also understand that unless I am obtaining information strictly for patient registration, I DO NOT ASK a patient any questions regarding medical insurance coverage, Medicaid, or Medicare. Further, I agree to not photograph or record patients while at VSU Cares. With my signature on the line below, I acknowledge that I have read, understand, and agree to adhere to this policy of confidentiality for the VSU Cares Community Partnership Health Care Fair.

Release and Indemnification

I hereby release and indemnify VSU Cares Community Partnership Health Care, an entity of Virginia State University, and all its respective officers, directors, agents, contractors, heirs, successors and assigns, from prosecution or presentation of any claim for bodily injury, or death, or property loss, or damage incurred in connection with this VSU Cares Community Healthcare Project, or related activities.

Printed Name

Signature

State(s) of Licensure(s) / Certification

Virginia State University VSU Cares is a 501(c)(3) affiliate of Virginia State University Office of Development and is located at 1 Hayden Drive, P.O. Box 9036, Petersburg, Va. 23806

Medical/Licensed Health Professional Volunteers (doctors, nurses, therapists, pharmacists, etc): Please return form and copy of current license (if applicable) to: Dr. Karen Faison, VSU Nursing, PO Box 9059, VA 23806 or FAX: 804 524-5218. Direct questions to Dr. Karen Faison at: 804-524-6899 or email: kfaison@vsu.edu.

Dental Providers: All dental providers should register through the Virginia Dental Association website: www.vdaf.org.

Non-Medical General Volunteers: Please return form to: Dr. LaVerne Briggs, VSU Dept. of Residence Life, PO Box 9073, Petersburg, Va. 23806 or FAX to 804 524-6752. Direct questions to Dr. LaVerne Briggs at (804) 524-5011 or email: lbriggs@vsu.edu.